Request Number: \_\_\_\_\_
Filing Fee: None



301 East Main Street Lowell, Michigan 49331 Phone (616) 897-8457 Fax (616) 897-4085

## PROPERTY IMPROVEMENT FORM

1,0	Street Address and/or Location of Request:	Street Address and/or Location of Request:			
2.		Parcel Identification Number (Tax I.D. No.): #41-20			
3.	Applicant's Name:				
	Address:Street Fax Number		State	Zip	
4.	Are You:   Property Owner   Owner's Agent	Contract Purchase	er 🛭 Option H	older	
5.	Present Zoning of ParcelPre	sent Use of Parcel			
6.	Type of improvement proposed:				
	Dimensions (if applicable): Length ft				
The facts presented above are true and correct to the best Signature:  Type or Print Your Name Here:		Date:			
Pleas	se call the City of Lowell to schedule an inspection whit is not valid unless Zoning Administrator has signe	hen the project is com	pleted at (616)		
ΠE	ning Official Signature Exempt from zoning permit (pursuant to Section 22.02(C)( plication Approved: □ Yes □ No Comments	(8) of the City of Lowell Z	Zoning Ordinand		